



Continuous evaluation of midwives as to professional standards

ZAHRA YAZDANPANAHI¹, MAHBOUBE HAJI FOGHAHA^{1*}, SEZANEH HAGHPANAHI²

¹Department of Midwifery, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran; ²Hematology Research Center, Shiraz University of Medical Sciences, Shiraz, Iran

Abstract

Introduction: Implementation of professional standards as well as evaluation and assessments of providers has an important role in health promotion of each society. The purpose of this study was to assess the midwives working at midwifery offices as to performance of professional standards and effectiveness of continuous evaluation and education on them.

Methods: This is an interventional study in which all of midwifery offices (110) were evaluated. The study was done in three stages using standard checklist observation and interview in each step. Based on detected errors, appropriate education was done and their performance was reevaluated in the next step of supervision. Finally total scores in each step as well as scores in different subjects were compared among three evaluated stages.

Results: Overall mean score of faults at midwifery offices decreased from step 1 to step 3 in the following fields: environmental health and infection control ($P < 0.0002$), personal and patient care ($P = 0.0005$), individual health ($P = 0.003$) and adherence to laws and rules ($P < 0.0001$).

Conclusion: Continuous evaluation is essential for assessing the effectiveness and improvement of our educational program. With continuous evaluation, correction of observed defects will be done at an early stage by appropriate intervention and education. So our medical and health programs will attain the planned goals.

Keywords: Midwifery, Professional standards, Education, Evaluation

Corresponding author:

Mahboube Haji Foghaha

Address: Department of Midwifery, School of Nursing and Midwifery, Zand Ave., Nemazee Square, Shiraz, Iran.

P.O.Box:71935-1314

Email: foghaha2000@yahoo.com

Tel: +98-711 6474256

Fax: +98-711-6474252

Please cite this paper as:

Yazdanpanahi Z, Haji Foghaha M, Haghpanah S. Continuous evaluation of midwives as to professional standards. J. Adv Med&Prof. 2013;1(3):100-102.

Introduction

Increasing the efficiency of organizations depends on the efficiency of human resources. On the other hand, increasing the efficiency of human resources depends on knowledge, skills, training and best practices for successful performance. Effective targeted training and investment on staff training will improve their performance. Targeted training and online content significantly increase efficiency. Training promotes the quality and quantity of human resources of an organization (1). Promotion of the desired goals of the organization and implementation of complete and accurate plans and programs at each institution require assessment, inspection and surveillance. This accurate assessment can manage individual and group activities and judgments about the legal entities and the administrative performance properly.

Monitoring includes measurement of standards of the practical results (expected results) and taking corrective action if there is deviation from the result. Monitoring should be based on programs, and more integrated program results in a more effective monitoring (2).

According to Scales evaluation Program, evaluation should be carried out continuously to achieve the desired result at each stage (3). The main goal of the health care program is providing desirable and necessary health care through health services (4). The improvement of performance is essential in increasing the efficiency and effectiveness of medical centers. In this context, establishing standards and monitoring them play an important role in increasing the efficiency of the health care centers (5).

The use of professional standards is one of the most basic principles of evaluation of health care

providers in achieving the best desired result (6). Continuing education is an appropriate tool for medical professionals to respond to rapid changes in health system and to improve their professional skills considering the special requirement of the community (7). Monitoring and evaluating educational programs should be carried out continuously to achieve the perfect determined goals (8).

Several studies have been conducted on standards in medical centers. Ozturk et al evaluated the use of protective equipment in offices in Turkey. They showed that mask and gloves were used in a considerable number of offices but more education is needed about the use of protective glasses (9).

Askarian et al conducted a study evaluating the environmental health standards of the hospitals affiliated to Shiraz University of Medical Sciences. They reported a relatively good environmental health situation in the studied hospitals. In addition, they stated that regular education programs are essential for assessing the health care services (10).

The aim of this study was to evaluate the performance of midwives working in their offices with regard to professional standards and the effect of continuous training and assessment on their practice.

Methods

This was a quasi-experimental study. All midwives working in the midwifery offices of Fars Province, Iran participated in the study (11). Midwifery in each office was visited by a researcher and by an expert in the supervision and evaluation. Evaluation of each office was done in three steps during one year.

A standard questionnaire was used to collect data on five categories including legal and regulatory issues, personal hygiene, patient care, personal care and environmental health and infection control. Content validity of the questionnaire was approved by related experts and its reliability was acceptable (Cronbach's alpha=0.83). Also, interview with the participants and observation of their practice were done by the researchers. In each step after assessment of the practice based on the professional standards,

the items which were not established appropriately were determined and proper relative training by face to face method were carried out.

The information was then compiled into five categories as follows:

1. Legal and regulatory issues including 10 questions on rules related to board, head version, impress, work permits, approved tariffs, and ethical and legal standards in the examination of patients,
2. Personal hygiene items including six questions with the content from the gown, wearing white and clean especial cloth, washing hands after contact with patients, use of protective devices such as masks, gloves, gowns, goggles during the delivery.
3. In patient care, we had six questions about washing hands before contact with the patient, having sink, liquid soap, clean bed for patient examination, use of gloves, and sterility principles.
4. Personal care items including two questions about hepatitis and *DPT, TD* vaccination card in three-step vaccination.
5. Environmental Health and Infection Control consisting of ten questions on the building situation, the use of disinfectants, the waste disposal, and disinfection measures.

Results

Of all the participants, %97.7 had bachelor's degree and %2.3 master degree. Their mean age was 24 ± 3.3 years. The results of comparison of the mean scores of detected faults in three stages are summarized in Table 1. The reductions in the mean scores of the observed errors from the first to third visits were detected in the following fields: environmental hygiene and infection control ($P < 0.0002$), patient care and staff ($P = 0.0005$) and personal hygiene ($P = 0.003$). In the legal and regulatory compliance issue, only some items showed a significant decrease ($P < 0.0001$). Overall, the mean score of errors decreased from 5.23 ± 0.46 in the first visit to 1.32 ± 0.18 in the third visit ($P < 0.0001$).

There was no statistically significant association between total score of observed errors with age (younger than 20 years old and older than 20 years

Table 1. Mean errors score of evaluation of midwives' practice at midwifery offices regarding performance of professional standards and effectiveness of continuous evaluation and education

Evaluation	Mean score of errors	Legal and regulatory issues	Environmental health and infection control	Patient care and personal care	Personal hygiene
Access steps	Mean \pm SD	Mean \pm SD	Mean \pm SD	Mean \pm SD	Mean \pm SD
First stage	0.46 \pm 5.23	0.299 \pm 1.8	0.065 \pm 0.29	0.09 \pm 0.29	0.051 \pm 0.146
Second stage	0.33 \pm 3.08	0.136 \pm 0.729	0.065 \pm 0.729	0.06 \pm 0.08	0.035 \pm 0.625
Third stage	0.18 \pm 1.37	0.073 \pm 0.146	0.57 \pm 0.188	0.02 \pm 0.2	0.02 \pm 0.208
P	P<0.0001	P<0.0001	P<0.0002	P<0.0005	P<0.003

old) and with job duration (less than 5 years, 5-10 years, and more than 10 years) ($P>0.05$).

Discussion

The results showed that compliance with standards, training and ongoing supervision of midwives yields an acceptable effect on reduction of the average defects observed in midwifery practice with regard to professional standards in their offices.

Sarir et al. evaluated the effect of training on the standards of infection control in dental offices concluded that the standards of skill in dealing with infection are increased with training (5). Muhibi et al in Nigeria found out the follow up activities of medical laboratory service that have positive impacts on sustaining and improving of ethical and professional standards. The result of our study confirms this (11). Farzandipour et al. conducted an investigation in relation to standards of medical centers. They showed that 61% of the standards are obeyed by the studied population (4). According to a study conducted in Shiraz, Iran, it is clear that strict assessment of professional standards is important to minimize the faults of the health care providers (8). Also, Kearns et al. carried out a study in Ireland on controlling infection in offices in 2001 and found that infection control procedures were carried out in several offices (12). However, more training in areas such as the use of masks and changing gloves between patients is required and hand hygiene intervention programs should be designed and promoted in all service centers (13). Also, in the research conducted by Aliasgharpour and others, results showed that the use of infection control procedures by the staff of hemodialysis units in four hospitals of Tehran University of Medical Sciences was acceptable in %50 of the studied contexts. These results imply the necessity of considering regular training programs regarding professional standards (14).

Banaeian and colleagues examined midwives' knowledge with regard to religious laws and legal aspects of midwifery and related factors. They reported satisfactory knowledge of the law in %15.3 of the participants, and adequate knowledge in the religious laws in 11.3% of individuals (15). Moreover, the findings of a research showed that there is tension between legal, ethical and professional standards as to the assessment of capacity and consent within health care (16). It is concluded that education could increase the midwives' knowledge about legal and regulatory issues.

This study also found that the average reduction in prescription described in midwifery job and the use of tariffs for different stages of the visit were not acceptable. Haji Foghaha and her colleagues in their research entitled as "Comparison of midwives' working in midwifery offices, hospitals and clinics of Islamic

punishment laws related to workers in health professions" found similar results and suggested that for prevention of any violation, courses and seminars by professionals familiar with the rules and regulations are necessary to help health professional workers to consider the community based rules regarding their professional work (6).

In conclusion, it seems that implementation of continuing education programs, as well as regular supervision, in the practices of health care workers with regard to adherence to professional standards plays an important role in promotion of the quality of practices of health providing services.

Acknowledgements

We thank the sincere cooperation of the Deputy of Research and Office of Evaluation and Treatment Institute of Medical Sciences, Shiraz, midwives and all those who worked with us.

References

1. Selsele M. Education & its relation to improvement of function [podcast on the internet]. Iran: 2005. Available from: http://www.civilica.com/Paper-NCPM02-NCPM02_037.htm. Persian.
2. Khalili A. Hospital management. Tehran: Kooshamehr publication; 1997. Persian.
3. Scales E. Nursing curriculum: development, structure, functions. Norwalk Century Crofts; 1985.
4. Farzandipour M, Asefzadeh S, Rabeei R. Assessment of consideration on the importance of medical records department standards of Kashan Hospitals. Hayat J. 2004; 28(1):2833. Persian.
5. Sarir M, Zandinezhad F. The effect of education on infection control measures in Shiraz Dental Offices (2002-2004). Shiraz Univ. Dent. J. 2006; 6(3, 4):17-25. Persian.
6. Haji Foghaha M, Keshavarz T. The rate of midwives' awareness of working at midwifery offices, hospitals and clinics in Shiraz from Islamic Punishment Laws related to medical practitioners in 2007. Sci J Forensic Med. 2008; 49(1): 18-21. Persian.
7. Jalali R, Abdul-maleki P, Kahrizi M. Continuous nursing education from nurses' point of view. Behboud J. 2006; 28(1):67-75. Persian.
8. Yazdanpanahi Z, Pouryazdanparast L, Hagpanah S, Saem J. The assessment of the effectiveness of continuous evaluation and education in usage of standard rules in midwifery offices in Shiraz (2001-2002). Journal of Midwifery & Women's Health. 2005 Sep-Oct; 50(5):442. Persian.
9. Oztürk M, Ozeç I, Kiliç E. Utilization of personal protective equipment in dental practice. Int Dent J. 2003 Aug; 3(4):216-9. PubMed PMID: 12953889.
10. Askarian M, Khalooei A, Karimi A, Eimanieh MH, Razmara H. A survey of the observance of environmental health standards in university associated hospitals in Fars, 2001. Armaghane danesh J. 2002; 27(7):31-38. Persian.
11. Muhibi MA, Hassan AO, Muhibi MO. Assessment of ethical and other professional standards in private medical laboratories: Osun State experience. Journal of Medical Laboratory and Diagnosis. 2012; 3(1):7-9. Persian.
12. Kearns HP, Burke FJ, Cheung SW. Cross-infection control in dental practice in the Republic of Ireland. Int Dent J. 2001

-
- Feb; 51(1):17-22. PubMed PMID: 11326444.
13. Yawson AE, Hesse AA. Hand hygiene practices and resources in a teaching hospital in Ghana. *J Infect Dev Ctries.* 2013 Apr 17; 7(4):338-47. doi:10.3855/jidc.2422.
 14. Aliasghar pour M, Bassam pour Sh, Bahrani N. Clinical practice in infection control methods in hemodialysis units. *Hayat J.* 2007; 32(1):63-72. Persian.
 15. Banaeian Sh, Sereshti M. Knowledge of midwives, from Chaharmahal and Bakhtiary province to ward midwifery legal and religious commandments and some of the relevant factors in 2006. *Shahrekord University of Medical Sciences J.* 2007; 35(2):37-44. Persian.
 16. Lamont S, Jeon YH, Chiarella M. Health-care professionals' knowledge, attitudes and behaviours relating to patient capacity to consent to treatment: An integrative review. *Nurs Ethics.* 2013. PubMed PMID: 23515254.

Archive of SID